

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 595895

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	C	C				
2	I					
3	I					
4	I					
5	I					
6	I					
7	X	X				
8	X	X				
9		I				
10	X	X				
11	X	X				
12		I				
13		I				
14		I				
15		I				
16		I				
17		I				
18		I				
19		I				
20		I				
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27		I				
28		I				
29		I				
30		I				
31		I				
32		I				
33		I				
34		I				
35		I				
36		I				
37		I				
38		I				
39		I				
40		I				
41		I				
42		I				
43		I				
44		I				
45		I				
46		I				
47		I				
48		I				
49		I				
50		I				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		I				
52		I				
53		I				
54		I				
55		I				
56		I				
57		I				
58		I				
59		I				
60		I				
61		I				
62		I				
63		I				
64		I				
65		I				
66		I				
67		I				
68		I				
69		I				
70		I				
71		I				
72		I				
73		I				
74		I				
75		I				
76		I				
77		I				
78		I				
79		I				
80		I				
81		I				
82		I				
83		I				
84		I				
85		I				
86		I				
87		I				
88		I				
89		I				
90		I				
91		I				
92		I				
93		I				
94		I				
95		I				
96		I				
97		I				
98		I				
99		I				
100		I				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	68	←		←		←
TOTAL CLAIMS	73					